

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Macelleria Restaurant, Inc.

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 13-4065754

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	1-3 Little West 12th Street New York, NY 10014 Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
	New York County	Location of principal assets, if different from principal place of business
		Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor Macelleria Restaurant, Inc.
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor Macelleria Restaurant, Inc.
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor Macelleria Restaurant, Inc.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 25, 2016
MM / DD / YYYY

X /s/ Violetta Bitici
Signature of authorized representative of debtor

Title President

Violetta Bitici
Printed name

18. Signature of attorney

X /s/ Jonathan S. Pasternak
Signature of attorney for debtor

Date July 25, 2016
MM / DD / YYYY

Jonathan S. Pasternak
Printed name

DelBello Donnellan Weingarten Wise & Wiederkehr, LLP
Firm name

One North Lexington Avenue
White Plains, NY 10601
Number, Street, City, State & ZIP Code

Contact phone (914) 681-0200

Email address _____

Bar number and State

Fill in this information to identify the case:

Debtor name Macelleria Restaurant, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 25, 2016

X /s/ Violetta Bitici

Signature of individual signing on behalf of debtor

Violetta Bitici

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Macelleria Restaurant, Inc.
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK
Case number (if known): _____

☐ Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
West Village, LLC c/o Neil Bender 544 Hudson Street New York, NY 10014		Current Lease	Unliquidated Disputed Subject to Setoff			\$352,504.91
Gansevoort Street Ventures, LL 544 Hudson Street New York, NY 10014		Former Premises	Unliquidated Disputed			\$170,952.15
NYC Department of Finance 345 Adams Street, 3rd Floor Attn: Legal Affairs Division Brooklyn, NY 11201-3719		Commercial Rent Tax				\$99,988.70
American Express - Plum/Red P.O. Box 297858 Fort Lauderdale, FL 33329						\$44,158.97
DeBraggia and Spitler, Inc. 65-77 Amity Street Jersey City, NJ 07304						\$38,665.33
FSI Architecture 307 Seventh Ave., Suite 1001 New York, NY 10001						\$29,856.81
Salvatore Albanese & Co LLC Attn: Robert Cella 65 East John Street Hicksville, NY 11801			Disputed			\$27,935.37

Debtor Macelleria Restaurant, Inc.
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ferrari & Ferrari LLP Attn: Mr. Ferrari 630 Third Avenue, 18th Floor New York, NY 10017						\$27,049.80
AA Studio Inc. Attn: Aldo Andreoli 70 N. 8th Street NY 11240						\$19,575.00
Quality Construction Group 2838 Maitland Avenue Apt. #1 Bronx, NY 10461						\$19,000.00
Chase Credit Card #8329 P.O. Box 15123 Wilmington, DE 19850-5123						\$18,324.39
Chase Credit Card 9617 P.O. Box 15123 Wilmington, DE 19850-5123						\$15,100.47
Teitel Brothers 2372 Arthur Avenue Bronx, NY 10458						\$12,267.56
Fruit & Vegetables Supreme Inc 1099 East 56th Street Brooklyn, NY 11234						\$10,570.98
White Plains Linen 4 John Walsh Blvd Peekskill, NY 10566-5324						\$9,394.54
US Foods, Inc. 1501 Amboy Avenue Perth Amboy, NJ 08861						\$8,165.34
IESI NY Corporation. Attn: Deborah Gubler 99 Wood Avenue South Iselin, NJ 08830						\$7,924.81
IPFS Corporation Attn: Dianne Affinito P.O. Box 412086 Kansas City, MO 64141						\$7,704.59

Debtor Macelleria Restaurant, Inc.
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Weichsel Beef Co. Inc. 826 Washington Street New York, NY 10014						\$7,172.73
NYC Dept of Tax and Finance PO Box 3929 New York, NY 10008						\$6,143.90

Fill in this information to identify the case:

Debtor name Macelleria Restaurant, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ 750,000.00
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ 351,267.87
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ 1,101,267.87

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 179,092.07
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 100,487.34
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 1,303,551.01
4. Total liabilities	
Lines 2 + 3a + 3b	\$ 1,583,130.42

Fill in this information to identify the case:

Debtor name Macelleria Restaurant, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.
☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. Former Premises (estimate) \$20,000.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1. Deposit with current landlord. \$171,666.68

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$191,666.68

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

Debtor Macelleria Restaurant, Inc. Case number (If known) _____
Name

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Various restaurant furniture, equipment and leasehold improvements (book value)	\$0.00		\$159,601.19

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$159,601.19

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

Debtor Macelleria Restaurant, Inc. Case number (If known) _____
Name

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---	---	--	---------------------------------------

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. See 39 above. Unknown Unknown

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No

☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	---	---	--	---------------------------------------

55.1. Macelleria Restaurant,
Inc.
1-3 Little West 12th
Street
New York, New York
10014

Below market lease \$0.00 \$750,000.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$750,000.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

Debtor Macelleria Restaurant, Inc. Case number (If known) _____
Name

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property Trademark, Domain, Various IP	\$0.00		Unknown

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor Macelleria Restaurant, Inc. Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$191,666.68	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$159,601.19	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$750,000.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$351,267.87	+ 91b. \$750,000.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,101,267.87

Fill in this information to identify the case:

Debtor name Macelleria Restaurant, Inc.
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK
Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<p>JP Morgan Chase Bank, NA Creditor's Name Collateral Mgmt Small Business P.O. Box 33035 KY 40329-9891 Creditor's mailing address</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien All Assets</p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$34,135.98	\$1,137,222.70

2.2	<p>Julie Darwent Creditor's Name 7 Cottesmore Gardens LONDON W8 5PR United Kingdom Creditor's mailing address</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred June 30, 2016</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien All assets</p> <p>Describe the lien UCC-1</p> <p>Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p>	\$27,500.00	\$1,137,222.70
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Debtor Macelleria Restaurant, Inc. Case number (if know) _____
Name

- ☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.
- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.3 NYS Dept of Tax & Finance Creditor's Name Civil Enforcement Region 4A W A Harriman Campus Albany, NY 12227-0001 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <div style="text-align: right;">\$106,338.24 \$1,137,222.70</div> Describe the lien Tax Warrants Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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2.4 Small Business Administration Creditor's Name 801 Tom Martin Drive Suite 120 Birmingham, AL 35211 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <div style="text-align: right;">\$11,117.85 \$1,137,222.70</div> Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$179,092.07

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor Macelleria Restaurant, Inc. Case number (if know) _____
Name

Name and address

**On which line in Part 1 did
you enter the related creditor?**

**Last 4 digits of
account number for
this entity**

Fill in this information to identify the case:

Debtor name Macelleria Restaurant, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>Commissioner of Tax & Finance PO Box 4127 Binghamton, NY 13902-4127</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Taxes</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$50.00	\$50.00
2.2	<p>Priority creditor's name and mailing address</p> <p>NYC Department of Finance 345 Adams Street, 3rd Floor Attn: Legal Affairs Division Brooklyn, NY 11201-3719</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Commercial Rent Tax</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$99,988.70	\$99,988.70

Debtor	Macelleria Restaurant, Inc. <small>Name</small>	Case number (if known)	
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2.3	Priority creditor's name and mailing address United States Treasury Internal Revenue Service Cincinnati, OH 45999-0039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$448.64	\$448.64
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number	Is the claim subject to offset?
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Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) ☒ No ☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address AA Studio Inc. Attn: Aldo Andreoli 70 N. 8th Street NY 11240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,575.00
3.2	Nonpriority creditor's name and mailing address AD Gelato Inc. Attn: Alan 5910 Willis Avenue Williston Park, NY 11596 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$498.00
3.3	Nonpriority creditor's name and mailing address Akiyama Attn: Mr. Inaba 958 Meeker Ave Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,679.25
3.4	Nonpriority creditor's name and mailing address Albanian Yellow Pages, Inc. Attn: Advertising 2322 Arthur Ave, #210 Bronx, NY 10458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.5	Nonpriority creditor's name and mailing address American Express Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,934.08

Debtor	Macelleria Restaurant, Inc. <small>Name</small>	Case number (if known) _____
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3.6	Nonpriority creditor's name and mailing address American Express - Plum/Red P.O. Box 297858 Fort Lauderdale, FL 33329 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,158.97
3.7	Nonpriority creditor's name and mailing address Bacchus Cellar Attn: Luisa Sanchez 27 Honeck Street Englewood, NJ 07631 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
3.8	Nonpriority creditor's name and mailing address Banducci, Katz & Ferraris LLP 108 Main Street PO Box 1168 Sag Harbor, NY 11963 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.9	Nonpriority creditor's name and mailing address BDO Attn: Deborah Defer 301 Springside Drive Akron, OH 44333 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152.45
3.10	Nonpriority creditor's name and mailing address Benim Mechanical LLC Attn: Maria (Accounting) 20 Emerald Drive Morganville, NJ 07751 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,271.44
3.11	Nonpriority creditor's name and mailing address Berk Lombardo Packing Co. 109 North 6th Street Brooklyn, NY 11249 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,765.86
3.12	Nonpriority creditor's name and mailing address BHB Pest Elimination Attn: Jennifer (Accounting) 150 West 28st New York, NY 10001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$398.29

Debtor	Macelleria Restaurant, Inc. <small>Name</small>	Case number (if known) _____
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3.13	Nonpriority creditor's name and mailing address BLP Wholesale Attn: Mike Lucarelli 225 Coster Street Bronx, NY 10474 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,766.76
3.14	Nonpriority creditor's name and mailing address Bronx Freight and Fish 225 Coster Street Bronx, NY 10474 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,021.42
3.15	Nonpriority creditor's name and mailing address Buonitalia Attn: Sheree (Accounting) 75 9th Avenue New York, NY 10011 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,540.19
3.16	Nonpriority creditor's name and mailing address Chase Credit Card #8329 P.O. Box 15123 Wilmington, DE 19850-5123 Date(s) debt was incurred _____ Last 4 digits of account number <u>8329</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,324.39
3.17	Nonpriority creditor's name and mailing address Chase Credit Card 9617 P.O. Box 15123 Wilmington, DE 19850-5123 Date(s) debt was incurred _____ Last 4 digits of account number <u>9617</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,100.47
3.18	Nonpriority creditor's name and mailing address Chipperson Law Group 163 Madison Avenue Suite 220-40 Morristown, NJ 07960 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.19	Nonpriority creditor's name and mailing address Con Edison JAF Station P.O. Box 1702 New York, NY 10116-1702 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,387.31

Debtor	Macelleria Restaurant, Inc. <small>Name</small>	Case number (if known) _____
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3.20	Nonpriority creditor's name and mailing address DeBraggia and Spitler, Inc. 65-77 Amity Street Jersey City, NJ 07304 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,665.33
3.21	Nonpriority creditor's name and mailing address Espresso Emporium 65 Commerce Street Brooklyn, NY 11231 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,968.00
3.22	Nonpriority creditor's name and mailing address F. Rozzo & Sons 159 Ninth Avenue New York, NY 10011 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,339.84
3.23	Nonpriority creditor's name and mailing address Ferrari & Ferrari LLP Attn: Mr. Ferrari 630 Third Avenue, 18th Floor New York, NY 10017 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,049.80
3.24	Nonpriority creditor's name and mailing address Fruit & Vegetables Supreme Inc 1099 East 56th Street Brooklyn, NY 11234 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,570.98
3.25	Nonpriority creditor's name and mailing address FSI Architecture 307 Seventh Ave., Suite 1001 New York, NY 10001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,856.81
3.26	Nonpriority creditor's name and mailing address Gansevoort Street Ventures, LL 544 Hudson Street New York, NY 10014 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Former Premises</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170,952.15

Debtor	Macelleria Restaurant, Inc. <small>Name</small>	Case number (if known) _____
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3.27	Nonpriority creditor's name and mailing address Grandaisy Bakery Attn: Fatima/Anthony 250 West Broadway New York, NY 10013 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$4,336.29</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address H. Bitici 32 Mercer Place Berkeley Heights, NJ 07922 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$40,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address Highline Wholesale Attn: Jeff (Accounting) 826 Washington Street New York, NY 10014 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$3,631.50</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address IESI NY Corporation. Attn: Deborah Gubler 99 Wood Avenue South Iselin, NJ 08830 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$7,924.81</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address IFI Distribution Attn: Ivan Rossi 480 Main Avenue, Unit #11 Wallington, NJ 07057 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$5,278.07</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address Interstate Foods Inc. 565 West Street New York, NY 10014 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$834.38</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33	Nonpriority creditor's name and mailing address IPFS Corporation Attn: Dianne Affinito P.O. Box 412086 Kansas City, MO 64141 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$7,704.59</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Macelleria Restaurant, Inc. <small>Name</small>		Case number (if known)
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3.34	Nonpriority creditor's name and mailing address Jolee Seafood Attn: Joseph Fravola 48 Lombardy Street Brooklyn, NY 11222 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,048.01
3.35	Nonpriority creditor's name and mailing address Joseph Baglio Vesuvio 49 County Road 65 Hensonville, NY 12439 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.36	Nonpriority creditor's name and mailing address Julie Darwent 7 Cottesmore Gardens LONDON W8 5PR United Kingdom Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93,224.71
3.37	Nonpriority creditor's name and mailing address Lioni Latticini Inc. Attn: Nicole Ruiz 819 15th Avenue Brooklyn, NY 11228 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,008.00
3.38	Nonpriority creditor's name and mailing address Martin Scott Wines LTD. Attn: Jana Crnogorcevic 1981 Marcus Ave, Suite#E-117 New Hyde Park, NY 11042 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,540.00
3.39	Nonpriority creditor's name and mailing address Meat Without Feet Attn: Jamila Carr 800 Food Center Drive, #99 Bronx, NY 10474 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,471.54
3.40	Nonpriority creditor's name and mailing address Mircenza, Inc. Attn: Naresh 7901 Kingspointe Pkwy, Ste 99 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$291.89

Debtor	Macelleria Restaurant, Inc. <small>Name</small>	Case number (if known) _____
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3.41	Nonpriority creditor's name and mailing address Mulligan Heating 14A Morton Street New York, NY 10014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,039.74
<hr/>			
3.42	Nonpriority creditor's name and mailing address NY State Liquor Authority M&T Bank Lockbox PO Box 8000-Dept 930 Buffalo, NY 14267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.00
<hr/>			
3.43	Nonpriority creditor's name and mailing address NYC Dept of Consumer Affairs 42 Broadway ,5th FL New York, NY 10004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,726.00
<hr/>			
3.44	Nonpriority creditor's name and mailing address NYC Dept of Tax and Finance PO Box 3929 New York, NY 10008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,143.90
<hr/>			
3.45	Nonpriority creditor's name and mailing address NYC Fire Department Church St. Station PO BOX 84 New York, NY 10008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
<hr/>			
3.46	Nonpriority creditor's name and mailing address One Stop Restaurant Supply Cor Attn: Michelle (Accounting) 1435 51st Street, Suite 5 North Bergen, NJ 07047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.88
<hr/>			
3.47	Nonpriority creditor's name and mailing address Opici Wine Corp. Attn: Adria Faust 3 Manhattanville Road Purchase, NY 10577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$711.06

Debtor	Macelleria Restaurant, Inc. <small>Name</small>		Case number (if known)
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3.48	Nonpriority creditor's name and mailing address ORPH MEDIA Attn: Peter Orphanos 1133 Broadway, Suite #1225 New York, NY 10010 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
3.49	Nonpriority creditor's name and mailing address Paychex 1 Centennial Avenue Suite A, Building C Piscataway, NJ 08854 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$297.85
3.50	Nonpriority creditor's name and mailing address Precision Interconnect Attn: Emilia Inanova 237 West 37th St, Suite#602 New York, NY 10018 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163.33
3.51	Nonpriority creditor's name and mailing address Quality Construction Group 2838 Maitland Avenue Apt. #1 Bronx, NY 10461 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,000.00
3.52	Nonpriority creditor's name and mailing address Ridge Produce PO Box 740454 Bronx, NY 10474 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,641.75
3.53	Nonpriority creditor's name and mailing address Salvatore Albanese & Co LLC Attn: Robert Cella 65 East John Street Hicksville, NY 11801 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,935.37
3.54	Nonpriority creditor's name and mailing address Shapirro Gettinger & Waldinger 118 North Bedford Road Mount Kisco, NY 10549 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,860.00

Debtor	Macelleria Restaurant, Inc. <small>Name</small>	Case number (if known) _____
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3.55	Nonpriority creditor's name and mailing address Southern Wine & Spirits Attn: Nora Ruane P.O. Box 695 Merrick, NY 11566 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,199.88
3.56	Nonpriority creditor's name and mailing address Sparkling Water Distributors PO BOX 250 East Norwich, NY 11732-1003 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.69
3.57	Nonpriority creditor's name and mailing address Starplast Inc. Attn: Faigy (Accounting) 8 Waverly Avenue Brooklyn, NY 11205 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,325.28
3.58	Nonpriority creditor's name and mailing address Teitel Brothers 2372 Arthur Avenue Bronx, NY 10458 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,267.56
3.59	Nonpriority creditor's name and mailing address Travelers Insurance Attn: dianne Attinito P.O. Box 1564 Elmira, NY 14902 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,133.10
3.60	Nonpriority creditor's name and mailing address United Health Care P.O. Box 385 Monticello, MN 55362 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$763.18
3.61	Nonpriority creditor's name and mailing address US Foods, Inc. 1501 Amboy Avenue Perth Amboy, NJ 08861 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,165.34

Debtor	Macelleria Restaurant, Inc. <small>Name</small>	Case number (if known) _____
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3.62	Nonpriority creditor's name and mailing address Valbona Bitici Twerdahl 155 West 68th Street Apartment 35-C Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,778.09
3.63	Nonpriority creditor's name and mailing address Violetta Bitici 1-3 Little West 12th Street New York, NY 10014 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,771.45
3.64	Nonpriority creditor's name and mailing address Vladimir Borodin Burger & Lobster 39 West 19th Street New York, NY 10011 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.65	Nonpriority creditor's name and mailing address Weichsel Beef Co. Inc. 826 Washington Street New York, NY 10014 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,172.73
3.66	Nonpriority creditor's name and mailing address West Village, LLC c/o Neil Bender 544 Hudson Street New York, NY 10014 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Current Lease</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$352,504.91
3.67	Nonpriority creditor's name and mailing address White Plains Linen 4 John Walsh Blvd Peekskill, NY 10566-5324 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,394.54
3.68	Nonpriority creditor's name and mailing address Winebow Attn: Jana Crnogorevic 31 West 27th Street, 7th Floor New York, NY 10001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.80

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor Macelleria Restaurant, Inc. Case number (if known) _____
Name

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the
related creditor (if any) listed?

Last 4 digits of
account number, if
any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 100,487.34
5b. +	\$ 1,303,551.01
5c.	\$ 1,404,038.35

Fill in this information to identify the case:

Debtor name Macelleria Restaurant, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Lease subject to assignment.

State the term remaining

ends on November 30, 2029

List the contract number of any government contract _____

West Village, LLC
c/o Neil Bender
544 Hudson Street
New York, NY 10014

Fill in this information to identify the case:

Debtor name Macelleria Restaurant, Inc.
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK
Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Macelleria Restaurant, Inc.
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK
Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2016 to Filing Date

Sources of revenue
Check all that apply

☐ Operating a business
☒ Other business

Gross revenue
(before deductions and exclusions)

\$38,206.00

For prior year:
From 1/01/2015 to 12/31/2015

☐ Operating a business
☒ Other business

\$3,635,014.00

For year before that:
From 1/01/2014 to 12/31/2014

☐ Operating a business
☒ Other business

\$2,613,215.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount

Debtor Macelleria Restaurant, Inc.

Case number (if known) _____

may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. West Village LLC v. Macelleria Restaurant, Inc. 057282/2016		Civil Court - City of New York	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Debtor Macelleria Restaurant, Inc.

Case number (if known) _____

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?****Address****If not money, describe any property transferred****Dates****Total amount or value**11.1. Delbello Donnellan Weingarten
Wise & Wiederkehr, LLP
1 North Lexington Ave. 11th Fl
White Plains, NY 10601

July 5, 2016

\$27,500.00

Email or website addressjsp@ddw-law.com**Who made the payment, if not debtor?****12. Self-settled trusts of which the debtor is a beneficiary**List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.**Who received transfer?****Address****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply**Address****Dates of occupancy
From-To**14.1. 48 Gansevoort Street
New York, NY 10014**Part 8: Health Care Bankruptcies**

Debtor Macelleria Restaurant, Inc.

Case number (if known) _____

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?

Self Storage
Windham, NY 12496

Violetta Bitici

Used furniture, cutlery, linens, and books and records.

☐ No

☒ Yes

Debtor Macelleria Restaurant, Inc.

Case number (if known) _____

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title
Case number

Court or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

Debtor Macelleria Restaurant, Inc.

Case number (if known) _____

Name and address**Date of service
From-To**

26a.1. Gregory N. Ferraris, CPA, LLC
108 Main Street
Sag Harbor, NY 11963

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address**Date of service
From-To**

26b.1. Gregory N. Ferraris, CPA, LLC
108 Main Street
Sag Harbor, NY 11963

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address**If any books of account and records are
unavailable, explain why**

26c.1. Violetta Bitici
1-3 Little West 12th Street
New York, NY 10014

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the
inventory****Date of inventory****The dollar amount and basis (cost, market,
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name**Address****Position and nature of any
interest****% of interest, if
any**

Violetta Bitici

1-3 Little West 12th Street
New York, NY 10014

President

100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

Debtor Macelleria Restaurant, Inc.

Case number (if known) _____

- ☐ No
- ☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Violetta Bitici 1-3 Little West 12th Street New York, NY 10014	\$40,977.00	7/1/2015 to 6/30/2016	Salary
	Relationship to debtor President			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 25, 2016

/s/ Violetta Bitici

Signature of individual signing on behalf of the debtor

Violetta Bitici

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
- ☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Southern District of New York

In re Macelleria Restaurant, Inc.

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|---|----|-----------|
| For legal services, I have agreed to accept | \$ | 27,500.00 |
| Prior to the filing of this statement I have received | \$ | 27,500.00 |
| Balance Due | \$ | 0.00 |
2. \$ 1,717.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
- ☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 25, 2016*Date*/s/ Jonathan S. PasternakJonathan S. Pasternak*Signature of Attorney*DelBello Donnellan Weingarten Wise & Wiederkehr, LLPOne North Lexington AvenueWhite Plains, NY 10601(914) 681-0200 Fax: (914) 684-0288*Name of law firm*

**United States Bankruptcy Court
Southern District of New York**

In re Macelleria Restaurant, Inc.

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Violetta Bitici 1-3 Little West 12th Street New York, NY 10014		100%	President

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date July 25, 2016

Signature /s/ Violetta Bitici
Violetta Bitici

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Southern District of New York**

In re Macelleria Restaurant, Inc. Debtor(s) Case No. _____
Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: July 25, 2016 /s/ Violetta Bitici
Violetta Bitici/President
Signer/Title

AA STUDIO INC.
ATTN: ALDO ANDREOLI
70 N. 8TH STREET
NY 11240

AD GELATO INC.
ATTN: ALAN
5910WILLIS AVENUE
WILLISTON PARK, NY 11596

AKIYAMA
ATTN: MR. INABA
958 MEEKER AVE
BROOKLYN, NY 11222

ALBANIAN YELLOW PAGES, INC.
ATTN: ADVERTISING
2322 ARTHUR AVE, #210
BRONX, NY 10458

AMERICAN EXPRESS

AMERICAN EXPRESS - PLUM/RED
P.O. BOX 297858
FORT LAUDERDALE, FL 33329

BACCHUS CELLAR
ATTN: LUISA SANCHEZ
27 HONECK STREET
ENGLEWOOD, NJ 07631

BANDUCCI, KATZ & FERRARIS LLP
108 MAIN STREET
PO BOX 1168
SAG HARBOR, NY 11963

BDO
ATTN: DEBORAH DEFER
301 SPRINGSIDE DRIVE
AKRON, OH 44333

BENIM MECHANICAL LLC
ATTN: MARIA (ACCOUNTING)
20 EMERALD DRIVE
MORGANVILLE, NJ 07751

BERK LOMBARDO PACKING CO.
109 NORTH 6TH STREET
BROOKLYN, NY 11249

BHB PEST ELIMINATION
ATTN: JENNIFER (ACCOUNTING)
150 WEST 28ST
NEW YORK, NY 10001

BLP WHOLESALE
ATTN: MIKE LUCARELLI
225 COSTER STREET
BRONX, NY 10474

BRONX FREIGHT AND FISH
225 COSTER STREET
BRONX, NY 10474

BUONITALIA
ATTN: SHEREE (ACCOUNTING)
75 9TH AVENUE
NEW YORK, NY 10011

CHASE CREDIT CARD #8329
P.O. BOX 15123
WILMINGTON, DE 19850-5123

CHASE CREDIT CARD 9617
P.O. BOX 15123
WILMINGTON, DE 19850-5123

CHIPPERSON LAW GROUP
163 MADISON AVENUE
SUITE 220-40
MORRISTOWN, NJ 07960

COMMISSIONER OF TAX & FINANCE
PO BOX 4127
BINGHAMTON, NY 13902-4127

CON EDISON
JAF STATION
P.O. BOX 1702
NEW YORK, NY 10116-1702

CORPORATION COUNSEL NYC
TAX & BANKRUPTCY DIVISION
100 CHURCH ST., ROOM5-240
NEW YORK, NY 10007

DEBRAGGIA AND SPITLER, INC.
65-77 AMITY STREET
JERSEY CITY, NJ 07304

ESPRESSO EMPORIUM
65 COMMERCE STREET
BROOKLYN, NY 11231

F. ROZZO & SONS
159 NINTH AVENUE
NEW YORK, NY 10011

FERRARI & FERRARI LLP
ATTN: MR. FERRARI
630 THIRD AVENUE, 18TH FLOOR
NEW YORK, NY 10017

FRUIT & VEGATABLES SUPREME INC
1099 EAST 56TH STREET
BROOKLYN, NY 11234

FSI ARCHITECTURE
307 SEVENTH AVE., SUITE 1001
NEW YORK, NY 10001

GANSEVOORT STREET VENTURES, LL
544 HUDSON STREET
NEW YORK, NY 10014

GRANDAISY BAKERY
ATTN: FATIMA/ANTHONY
250 WEST BROADWAY
NEW YORK, NY 10013

H. BITICI
32 MERCIER PLACE
BERKELEY HEIGHTS, NJ 07922

HIGHLINE WHOLESALE
ATTN: JEFF (ACCOUNTING)
826 WASHINGTON STREET
NEW YORK, NY 10014

IESI NY CORPORATION.
ATTN: DEBORAH GUBLER
99 WOOD AVENUE SOUTH
ISELIN, NJ 08830

IFI DISTRIBUTION
ATTN: IVAN ROSSI
480 MAIN AVENUE, UNIT #11
WALLINGTON, NJ 07057

INTERNAL REVENUE SERVICE
2970 MARKET STREET
MAIL STOP 5-Q30-133
PHILADELPHIA, PA 19104-5016

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA 19101-7346

INTERSTATE FOODS INC.
565 WEST STREET
NEW YORK, NY 10014

IPFS CORPORATION
ATTN: DIANNE AFFINITO
P.O. BOX 412086
KANSAS CITY, MO 64141

JOLEE SEAFOOD
ATTN: JOSEPH FRAVOLA
48 LOMBARDY STREET
BROOKLYN, NY 11222

JOSEPH BAGLIO
VESUVIO
49 COUNTY ROAD 65
HENSONVILLE, NY 12439

JP MORGAN CHASE BANK, NA
COLLATERAL MGMT SMALL BUSINESS
P.O. BOX 33035
KY 40329-9891

JULIE DARWENT
7 COTTESMORE GARDENS
LONDON W8 5PR
UNITED KINGDOM

LIONI LATTICINI INC.
ATTN: NICOLE RUIZ
819 15TH AVENUE
BROOKLYN, NY 11228

MARTIN SCOTT WINES LTD.
ATTN: JANA CRNOGORCEVIC
1981 MARCUS AVE, SUITE#E-117
NEW HYDE PARK, NY 11042

MEAT WITHOUT FEET
ATTN: JAMILA CARR
800 FOOD CENTER DRIVE, #99
BRONX, NY 10474

MIRCENZA, INC.
ATTN: NARESH
7901 KINGSPONTE PKWAY, STE 99

MULLIGAN HEATING
14A MORTON STREET
NEW YORK, NY 10014

NY STATE LIQUOR AUTHORITY
M&T BANK LOCKBOX
PO BOX 8000-DEPT 930
BUFFALO, NY 14267

NYC DEPARTMENT OF FINANCE
345 ADAMS STREET, 3RD FLOOR
ATTN: LEGAL AFFAIRS DIVISION
BROOKLYN, NY 11201-3719

NYC DEPT OF CONSUMER AFFAIRS
42 BROADWAY , 5TH FL
NEW YORK, NY 10004

NYC DEPT OF FINANCE
DEPT OF LEGAL AFFAIRS
345 ADMAS ST., 3RD FL
BROOKLYN, NY 11201

NYC DEPT OF TAX AND FINANCE
PO BOX 3929
NEW YORK, NY 10008

NYC FIRE DEPARTMENT
CHURCH ST. STATION
PO BOX 84
NEW YORK, NY 10008

NYS DEPT OF TAX & FINANCE
CIVIL ENFORCEMENT REGION 4A
W A HARRIMAN CAMPUS
ALBANY, NY 12227-0001

NYS DEPT OF TAX & FINANCE
BANKRUPTCY UNIT
P.O. BOX 5300
ALBANY, NY 12205

NYS UNEMPLOYMENT
INSURANCE FUND
P.O. BOX 551
ALBANY, NY 12201

OFFICE OF THE U.S. TRUSTEE
US FEDERAL OFFICE BUILDING
201 VARICK STREET, STE 1006
NEW YORK, NY 10014

ONE STOP RESTAURANT SUPPLY COR
ATTN: MICHELLE (ACCOUNTING)
1435 51ST STREET, SUITE 5
NORTH BERGEN, NJ 07047

OPICI WINE CORP.
ATTN: ADRIA FAUST
3 MANHATTANVILLE ROAD
PURCHASE, NY 10577

ORPH MEDIA
ATTN: PETER ORPHANOS
1133 BROADWAY, SUITE #1225
NEW YORK, NY 10010

PAYCHEX
1 CENTENNIAL AVENUE
SUITE A, BUILDING C
PISCATAWAY, NJ 08854

PRECISION INTERCONNECT
ATTN: EMILIA INANOVA
237 WEST 37TH ST, SUITE#602
NEW YORK, NY 10018

QUALITY CONSTRUCTION GROUP
2838 MAITLAND AVENUE
APT. #1
BRONX, NY 10461

RIDGE PRODUCE
PO BOX 740454
BRONX, NY 10474

SALVATORE ALBANESE & CO LLC
ATTN: ROBERT CELLA
65 EAST JOHN STREET
HICKSVILLE, NY 11801

SEAFAX COLLECTIONS
ATTN: MATTHEW AMES
P.O. BOX 15340
PORTLAND, ME 04112-9885

SECURITY EXCHANGE COMMISSION
NY REGIONAL OFFICE
200 VESEY ST., SUITE 400
NEW YORK, NY 10281

SHAPIRRO GETTINGER & WALDINGER
118 NORTH BEDFORD ROAD
MOUNT KISCO, NY 10549

SMALL BUSINESS ADMINISTRATION
801 TOM MARTIN DRIVE
SUITE 120
BIRMINGHAM, AL 35211

SOUTHERN WINE & SPIRITS
ATTN: NORA RUANE
P.O. BOX 695
MERRICK, NY 11566

SPARKLING WATER DISTRIBUTORS
PO BOX 250
EAST NORWICH, NY 11732-1003

STARPLAST INC.
ATTN: FAIGY (ACCOUNTING)
8 WAVERLY AVENUE
BROOKLYN, NY 11205

TEITEL BROTHERS
2372 ARTHUR AVENUE
BRONX, NY 10458

TRAVELERS INSURANCE
ATTN: DIANNE ATTINITO
P.O. BOX 1564
ELMIRA, NY 14902

UNITED HEALTH CARE
P.O. BOX 385
MONTICELLO, MN 55362

UNITED STATES ATTORNEY OFFICE
TAX AND BANKRUPTCY UNIT
86 CHAMBERS ST., 3RD FLOOR
NEW YORK, NY 10007

UNITED STATES TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI, OH 45999-0039

US FOODS, INC.
1501 AMBOY AVENUE
PERTH AMBOY, NJ 08861

VALBONA BITICI TWERDAHL
155 WEST 68TH STREET
APARTMENT 35-C

VIOLETTA BITICI
1-3 LITTLE WEST 12TH STREET
NEW YORK, NY 10014

VLADIMIR BORODIN
BURGER & LOBSTER
39 WEST 19TH STREET
NEW YORK, NY 10011

WEICHSEL BEEF CO. INC.
826 WASHINGTON STREET
NEW YORK, NY 10014

WEST VILLAGE, LLC
C/O NEIL BENDER
544 HUDSON STREET
NEW YORK, NY 10014

WHITE PLAINS LINEN
4 JOHN WALSH BLVD
PEEKSKILL, NY 10566-5324

WINEBOW
ATTN: JANA CRNOGOREVIC
31 WEST 27TH STREET, 7TH FLOOR
NEW YORK, NY 10001

**United States Bankruptcy Court
Southern District of New York**

In re Macelleria Restaurant, Inc.

Debtor(s)

Case No.

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Macelleria Restaurant, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

July 25, 2016

Date

/s/ Jonathan S. Pasternak

Jonathan S. Pasternak

Signature of Attorney or Litigant

Counsel for Macelleria Restaurant, Inc.

DelBello Donnellan Weingarten Wise & Wiederkehr, LLP

One North Lexington Avenue

White Plains, NY 10601

(914) 681-0200 Fax:(914) 684-0288